

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003

24594
File No. 5981
Registered No.
St. Ward)

2. FULL NAME

William W. Ayers
(a) Residence, No. 219 Wash St St. N Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 43 10 4 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Missouri

13. NAME Walter Ayers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Missouri

15. MAIDEN NAME Cordelia Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Texas

17. INFORMANT Cordelia Pierce (ADDRESS) 219 Wash St

18. BURIAL, CREMATION, OR REMOVAL PLACE Breewood DATE July 9 - 1933

19. UNDERTAKER Oppe & Co (ADDRESS) 219 Wash St

20. FILED JUL - 7 - 1933 J. F. Brebeck. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 3 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 6 - 27 - 1933 to 7 - 3 - 1933

I last saw him alive on July 3, 1933 Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic Date of onset 1 yr
23A 173 230

Other contributory causes of importance: Pericarditis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 2m, 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify G. M. Serle (Signed), M. D.

(Address) 417 A Washington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

